

Adult Protective Services Diligent Efforts to Locate Adult

Name of Adult: _____		Date of APS Report: _____	
<input type="checkbox"/> Reviewed other DSS files (e.g., Medicaid, Food Stamps, Services, etc) on _____ to determine other ways of locating the adult. (date)			
<input type="checkbox"/> Adult's home visited on _____ at _____ <input type="checkbox"/> am / pm <input type="checkbox"/> (date) (time)			
<input type="checkbox"/> Adult's home visited on _____ at _____ <input type="checkbox"/> am / pm <input type="checkbox"/> (date) (time)			
<input type="checkbox"/> Adult's home visited on _____ at _____ <input type="checkbox"/> am / pm <input type="checkbox"/> (date) (time)			
<input type="checkbox"/> Contacted neighbors, if N/A: <input type="checkbox"/>			
Names	Date	Time	Type of Contact
<input type="checkbox"/> Checked with Reporter (if identified) on (date): _____ to get more information on possible whereabouts of adult.			
<input type="checkbox"/> Contacted medical providers, including MD's, local hospitals, etc. (List those contacted, dates, results):			
Contacted	Date	Results	
<input type="checkbox"/> Contacted other public/private agencies e.g., EMS, police department, mental health, public transportation service, home health, senior center, post office, etc. (List those contacted, dates, results):			
Contacted	Date	Results	
<input type="checkbox"/> Other (Identify by action(s), name(s) date(s), time(s), and results):			
Action(s)	Name(s)	Date(s)	Time(s)
<input type="checkbox"/> Date of first face-to-face contact with adult, if applicable: _____			
Submitted by: _____		Date _____	
APS Worker		Acknowledged by _____	
		APS Supervisor	
		Date _____	